

SECTION C - STATEMENT OF WORK**I. TITLE**

The title of the program in this task order is Technical Support for HIV/AIDS Prevention, Treatment & Care.

II. INTRODUCTION

The purpose of this task order is to provide technical support to the USAID HIV/AIDS prevention, care and treatment program with special focus on the most-at-risk populations (MARPs) and technical and institutional capacity building. The contractor awarded this task order will be responsible for implementing country -specific support activities across Guyana during a four year time period. The total level of funding to be awarded is approximately US\$7.5M-\$9.0M over the life of the program.

This task order supports activities designed to reduce the incidence and prevalence of HIV/AIDS and mitigate its impact on people living with HIV/AIDS (PLHA) and their families. This entails reducing transmission among MARPs (injecting drug users (IDUs), males who have sex with males (MSM), female sex workers (FSWs) and their clients), as well as people living with HIV/AIDS (PLHA). By the end of the task order, it is expected that the following tangible outcomes will have been achieved:

- (1) Increased access to comprehensive prevention services for MARPs;
- (2) Increased access to care, support and treatment for PLHA and their families;
- (3) Civil Society sector strengthened technically and institutionally to deliver services to a wider population and with increased quality of care and monitoring;
- (4) Effectiveness of USG-supported programs enhanced by:
 - a.) Leveraging other donor resources;
 - b.) Supporting the Global Fund for HIV/AIDS, TB and Malaria (GFATM) program implementation;
 - c) Supporting the GFATM Country Coordinating Mechanism (CCM) Institutionally; and,
- (5) Innovative and successful models within the Ministry of Health (MOH) developed and scaled-up with special attention to human resource management, training, and planning; and the HIV/AIDS, TB and Malaria technical units.

Proposals submitted should clearly identify how the bidder will achieve country specific targets within the estimated budget levels provided.

III. BACKGROUND: HIV/AIDS AND USAID/HIV/AIDS PROGRAM STRATEGY

Guyana faces a low-level generalized HIV epidemic. A cumulative total of 4,502 AIDS cases had been officially reported to the MOH by the end of 2004.ⁱ At that time, UNAIDS estimated that the prevalence of HIV infection among adults in Guyana was 2.5%.ⁱⁱ UNAIDS estimates for Guyana suggest that at the end of 2005, there were about 12,000 adults and children living with HIV/AIDS and about 1,200 AIDS-attributable deaths. The age group mostly affected by HIV/AIDS (15-49) represents 51% of the population. Among certain groups, HIV prevalence is significantly higher due to lifestyle behaviors associated with an increased risk of exposure.

Although awareness and HIV knowledge is quite high, illustrated throughout the 2004 behavioral studies conducted, within the low-level generalized epidemic there are high risk populations that pose considerable risk for the transmission of HIV. Studies within these populations have shown prevalence rates as high as 27% positivity amongst female sex workers, 21% amongst men who have sex with men, 17% amongst injecting drug users, and 14% among the TB+ cohort. **(Please see Guyana HIV/AIDS Assessment 2007 which is included with the Solicitation package for further detail.)**

To date, the USAID program, in support of the National HIV/AIDS Strategy 2007-2011 has achieved great strides in prevention of mother to child transmission (PMTCT), voluntary counseling and testing (VCT), supply chain management, and institutional strengthening of civil sector partners upon which to build. Building upon achievements, USAID/Guyana has the opportunity to strengthen public health capacity and to continue to improve the civil sector response. This strategy sets out the expected achievement of the program objective and results over the next five years.

IV. CURRENT USAID EFFORTS IN GUYANA

Table: USAID Achievements 2006/2007

USAID Indicators	2006/2007
PMTCT	
Number of service outlets that provide the minimum package of PMTCT services according to national or international standards	45
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	307
Number of health workers trained in the provision of PMTCT services according to national or international standards	275
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	22,378
Abstinence and be faithful programs	
Number of individuals reached through community outreach that promoted HIV/AIDS prevention through abstinence and/or being faithful	41,008
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	25,083
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	446
Other prevention activities	
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behaviour change beyond abstinence and/or being faithful	62,642
Number of individuals trained to promote HIV/AIDS prevention through other behaviour change beyond abstinence and/or being faithful	584
Number of targeted condom sales outlets	890

Palliative care: Basic health care and support	
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,032
Number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	171
Orphans and vulnerable children	
Number of OVC served by OVC programs	903
Number of providers/caretakers trained in caring for OVC	120

Counseling and testing	
Number of service outlets providing counseling and testing according to national and international standards	26
Number of individuals who received counseling and testing for HIV and received their test results	43,768
Number of individuals trained in counseling and testing according to national or international standards	172
Strategic Information	
Number of individuals trained in strategic information	141
Other policy analysis and system strengthening	
Number of local organizations provided with technical assistance for HIV-related policy development	35
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	32
Number of individuals trained in HIV-related policy development	80
Number of individuals trained in HIV-related institutional capacity building	315
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	100

In addition to the successes outlined in the table above; several key qualitative achievements will require follow-on support and monitoring to ensure sustainability of services. Successes in the area of prevention include enabling the Government of Guyana to achieve 80% coverage of PMTCT programs across the country, which reduces the projected number of infants born with HIV to be as low as 6 by 2010. Reasons for the success included relevance to the national program, national coverage, and the implementation of evidence-based programming. Sustainability of the PMTCT program was also well planned. Retired nurses were recruited, trained and deployed to various ANC and L&D sites and most were rehired by the MOH as USAID transferred the implementation of the PMTCT program to the MOH in 2007.

Successes in the area of community outreach to promote behavior change include the large number of NGOs supported to implement structured behavior change interventions and some progress was made to reach most at risk populations, especially FSW and efforts need to reach MSM. Non-traditional condom outlets were supported by the Condom Social Marketing Program through private sector partnerships. Through this targeted condom promotion and distribution program, skills in correct and consistent condom use are built for persons at elevated risk. USG supports the condom service provision network. This network provides condoms through both the private sector and via free distribution. Condoms are procured through the private sector, as well as the Ministry of Health and supported by additional procurements by the GFATM. These are available at a nominal fee or free of cost to high risk groups through both the private and public sectors. The USG strategy is to facilitate an efficient supply chain of branded condoms already available through the private sector in order to strengthen their systems of distribution to non-traditional outlets as well as for interpersonal communications and marketing. The cost effectiveness of this program in reaching places where high risk behaviors occur is a possible success that should be expanded and evaluated further.

Successes in the counseling and testing program include important standard setting for the national program and expansion of services to the NGO community and a mobile unit. Technical assistance to the Ministry of Health enabled strong geographic coverage and good information systems. Other important successes to note are that rapid testing is offered in Guyana and links to services are facilitated by community counselors in most sites.

Home based care services and services for orphans and vulnerable children (OVC) are important programs that are primarily implemented by the NGO community. A recent USAID assessment has shown strong links between NGOs and clinical sites **(See Guyana HIV/AIDS Assessment 2007 which is included with the Solicitation package)**. Links have been established by NGOs with the National AIDS Programme, orphanages, workplaces, and schools. The community counselors/case navigator model is used by both USAID and CDC to facilitate follow up but can be strengthened and expanded. This community counselor model may also be used to support the expansion of psychosocial services and behavior change services.

The demand for strategic information (SI) and quality improvement has been cultivated over the past five years. An important national survey (the Behavioral Surveillance Survey 2003/2004) supported by USAID has provided Guyana with baseline risk behavior and service coverage information. Private Sector Partnerships have been built, include workplace policies and programs, and can be further strengthened.

The Community Support and Development Service (CSDS) Program implements community based services such as community outreach to promote behavior change, home-based care services, and services for orphans and vulnerable children through grants to local NGOs and public-private partnership. USAID supported technical assistance to NGOs in appropriate program areas through one institution and provided grants

management and organizational development through a second institution. By 2006, a local company with an accounting firm affiliation was given the opportunity to both manage NGO grants and provide organizational development services. Technical assistance to this indigenous organization to further develop its capacity to provide broad institutional support to NGOs will be continued.

USAID also provided support to the Global Fund Country Coordinating Mechanism (CCM) Guyana, which is central to the Global Fund's commitment to local ownership and participatory decision-making on AIDS, Tuberculosis and Malaria. The structure, management, operations, composition and processes of Guyana's CCM were in need of strengthening prior to 2007. Hence, USAID supported UNAIDS to deliver the necessary technical assistance, host constituency meetings, and host necessary training workshops in order to develop a good governance framework that embraces in spirit and in practice, the guidelines of the Global Fund for the CCM. In FY 2007, UNAIDS successfully facilitated the development of a revised governance manual and structure for the CCM Guyana. UNAIDS also successfully facilitated the transition from the previous CCM membership to the membership that is now aligned with the adopted governance manual. Continued support to this entity is essential, both technically as the MOH implements its GFATM work plan, develops future proposals, and evaluates progress and institutionally to strengthen the CCM and its secretariat.

V. STATEMENT OF WORK

A. GAPS TO ADDRESS

A recent assessment of the USAID HIV/AIDS portfolio was undertaken to identify gaps and opportunities for the health program. The recent HIV/AIDS assessment included a wide cross section of interviews and programmatic review in order to develop its recommendations. USAID/Guyana has utilized this report in developing the list of priorities that will be included in this SOW. **(Please see Guyana HIV/AIDS Assessment 2007 which is included with the Solicitation package for further detail.)**

Challenges for USAID support to the national program included implementing programs that addressed the highly concentrated nature of the low, but generalized HIV epidemic in Guyana. HIV treatment was an exciting opportunity that had many important effects on community readiness to address HIV/AIDS on a national scale. However, the focus on clinical services took priority over cutting edge prevention programming. The number one challenge or obstacle to reducing HIV in Guyana today has been identified by interviewees as "changing behaviors," followed by "stigma and discrimination." It is evident from studies conducted that awareness and knowledge of HIV are high in Guyana. The next challenge is to impact individual risk perception and behavior change; moving beyond the common communication campaigns and impacting true modification at the individual level.

Prevention is a critical gap in the national program. Substantial resources were dedicated to PMTCT, VCT, and youth outreach programs. Prevention services reached

nearly exhaustive coverage by 2007. Although 103,658 people were reached by community outreach designed to promote behavior change, it is not clear whether or not the correct people were reached with behavior change messages. Finally, injection safety is a program that was funded and programmed through a headquarters-based mechanism that and made strides in policy reform and regional development of sound practices and disposal equipment which will become part of our bilateral program and needs to be planned for continuation at a reduced level of effort/funding.

Care and support programs include counseling and testing, palliative care for adults and programs for orphans and vulnerable children. Counseling and testing services need to be better targeted to those most at risk. OVC and Home Based Care (HBC) services are available in the most affected regions; but only reach a portion of those in need of services. Policies, standards, and sustainability strategies for OVC and HBC programs in partnership with the Government of Guyana's National AIDS Program are areas that need attention.

Important areas for improvement are quality improvement and systems strengthening. These areas were supported during the rapid scale up, but can be strengthened in the next program period. The objective was to strengthen the HIV/AIDS human resource system (within the broader ministries of the GOG and civil society organizations) and create conditions that foster retention, effective performance, and supportive supervision. Concurrently PAHO is establishing a Human Resources Planning and Development Unit within the MOH to address migration issues, as well as the retention and recruitment of health providers. There are still large gaps in reaching the overall institutional strengthening and administrative support. Human resources and workforce issues are much larger than the health sector or the HIV program. However, short and interim plans for Human Capacity Development in this area can be addressed with sustainability as the long term goal.

The NGO sector has strong roots in the community. The NGO response to HIV AIDS emerged in the 1980s and 90s and continues to support community members today. The government has a short history of providing funds and technical assistance to the NGO sector. USAID has a long history of providing funds and technical assistance to the NGO sector. A strong collaboration between the USAID and the Ministry of Health, Health Sector Development Unit, to support NGOs was established, but needs to be strengthened.

Gender violence, psychosocial trauma, and effects of poverty on the individual are issues that are currently addressed by the Ministry of Human Services. Political will and community readiness to address stigma associated with HIV, death, sex work and transactional sex, men who have sex with men, and drug use are always challenges.

Finally, as USAID seeks to ensure aide effectiveness by building linkages between its programmatic sectors, there is a need to explore opportunities to collaborate with the Mission's Economic Growth and Democracy and Governance programs in areas which may be crosscutting such as youth, public-private partnerships, biodiversity and forestry, and institutional capacity building.

B. TASKS

The Contractor's work (resources, activities, and annual targets) under this task order is expected to be developed on an annual basis dependent on the approved Guyana Country Compact and annual Country Operational Plan and in consultation with NGO and MOH counterparts. Given this annual process, great flexibility and access to a wide range of technical capacity across the following program areas will be needed. A mix of in-country, ongoing technical assistance provided by locally engaged staff and short and long-term external expertise is recommended.

Review of the current program successes, challenges, gaps and recommendations listed in the extensive Guyana HIV/AIDS Assessment should be used to develop the proposal. Consultation with the National AIDS Programme Secretariat, MOH, and USAID supported NGOs to determine specific, current technical assistance and training needs, ensure alignment with the National HIV/AIDS Strategy, and promote coordination is recommended for proposal development, but will be a requirement annually in finalizing work plans.

The following is an outline of the six (6) program areas that the Contractor will work in throughout the life of project. Percentages have been assigned to each, representing the expected budget breakdown/level of effort required. Once annual funding levels are approved, final work plans and budgets can be prepared accordingly, but may change annually based on evolving needs. Targets have already been assigned for FY09 and are located with further explanation in the reporting section (See VII; Section B). Priorities below have been identified as critical needs in the National Program. The illustrative activities below are provided to give an indication of the minimum level of support the contractor shall provide, and as specific examples of the type of support that is needed in FY09. The contractor is not limited to the illustrative activities listed. **(Please reference Guyana HIV/AIDS Assessment 2007 and Guyana Country Strategy 2009-2013 which are included with the Solicitation package for further detail.)**

1.) Health System Strengthening: Level of Effort: 30%

Priorities:

- Support to the Human Resource System at the MOH to assess recruitment, retention, and training needs and work to address those needs;
- Support to the MOH to assess administrative inefficiencies, and assist in resolving or strengthening identified weaknesses;
- Institutional Support to the GFATM CCM Secretariat;
- Technical assistance and training provided to NGO Grants Umbrella (Community Support & Development Services) in order to build its capacity to meet NGO governance, transparency, advocacy, human resource management, sustainability, budgeting and work plan development needs and direct training to NGOs on said topics while CSDS capacity is being strengthened to deliver same in the future;
- Technical and institutional assistance provided to the Guyana Business Coalition in order for them to implement their business plan effectively, recruit new partners, retain current partners, track business involvement,

track businesses' success in upholding approved policies, and build work place programs within partner businesses; and

- Provide assistance in drafting and gaining support at the community level for critical MOH policy changes as needed/requested. (None identified for FY09).

Illustrative Activities:

- Long-term technical assistance in reviewing retention plans of the MOH and working with PS of MOH to develop possible revisions;
- Support consultant staff, office costs, and CCM constituency meetings for the CCM Secretariat and its activities;
- Provide short and long term technical assistance to the NGO Umbrella mechanism, building the capacity of their own staff to deliver support to NGOS in governance, communication, human resource and administrative management, and in building partnerships with Governmental Ministries;
- Support work plan, external technical guidance, and local consultant staff needed to implement the current HIV/AIDS Business Coalition business plan; and
- Provide technical assistance to maintain the current private sector partners, and increase the membership and their contributions to the community.

2.) Prevention: Level of Effort: 25%

Priorities:

- Provide technical assistance to develop strategies, training, and mentoring of MOH and NGO partners to target MARP with programs that address prevention for positives, family planning, partner concurrency, sexually transmitted illness (STI) treatment, condom use, fidelity, transactional sex, cross-generational sex, and drug/alcohol use;
- Provide training and technical guidance/mentoring to NGO and MOH partners as they continue to implement Abstinence & Be Faithful programs and communication;
- Maintain current condom distribution & sales strategy, expand further, and monitor condom sales and distribution growth over time; and
- Provide technical assistance to MOH facilities and providers on Safe Medical Injections, waste handling, and disposal.

Illustrative Activities:

- Short and Long-term technical assistance provided to a team of colleagues from the National AIDS Programme and NGOs working with high risk populations in order to expand programming, increase coverage, and strengthen the quality of services provided;
- Short and Long-term technical assistance provided to a team of colleagues from the National AIDS Programme and NGOs providing prevention programming that falls under AB in order to expand programming, increase coverage, and strengthen the quality of services provided;
- Support sales promoters and maintain successes realized in the condom social marketing strategy;
- Work with businesses key to the condom distribution in order to support public-private partnerships with each separately, but under a common strategy, in order to increase coverage and deliver both below and above-line marketing;
- Provide technical assistance, upon request, from the Ministry of Health to assist in developing strategy, guidelines, and curriculum as well as service delivery for high risk populations;

- Provide technical assistance to maintain the priorities of the current safe medical injection program. These will be taken on mid-year 2009 when the current headquarters-funded safe medical injection program comes to an end; and
- Provide technical assistance and on-the-ground long-term follow-up and advocacy in order to remove the value-added tax on condoms in order to increase access and promote prevention.

3.) Adult Care & Support:**Level of Effort: 15%****Priorities:**

- Provide technical assistance to MOH and NGO partners in expanding the case navigation program whereby treatment clients are actively navigated from clinical care to home based care and supported to ensure continuity of care and treatment adherence;
- Provide technical assistance to the MOH in developing its standard package of care for PLHA, including psychosocial support, counseling, and pain management for end of life care and for monitoring the implementation of such to address quality of care;
- Provide technical assistance and training to NGO providers of adult and pediatric home-based care to improve quality, ensure a standard package of care, and expand services to more PLHA; and
- Provide technical guidance and grant support for furthering the economic advancement of PLHA.

Illustrative Activities:

- Short and Long-term technical assistance and training provided to a team of colleagues from the National AIDS Programme and NGOs providing care, support, and home-based care services to PLHA in order to expand programming, increase coverage, and strengthen the quality of services provided;
- Provide technical assistance to the current micro-enterprise loan program to increase access (lower interest rates, expand repayment period) etc for PLHIV, as well as exploring opportunities to engage other micro-enterprise service providers;
- Collaborate with the economic growth portfolio at USAID in order to explore opportunities to increase the economic status of PLHA; and
- Provide technical assistance to the MOH in updating and revising National Guidelines, care manuals, and curriculum as needed as it relates to care, including psychosocial support and pain management;

4.) Counseling & Testing:**Level of Effort: 15%****Priorities:**

- Provide technical assistance to MOH and NGOs implementing counseling and testing (CT) to ensure quality of service, expand coverage, and target those populations/communities most identified to be at highest risk in order to identify those in need of clinical care;
- Provide technical training to MOH and NGO partners to increase capacity to support persons identified as HIV+ in accessing the care continuum;
- Provide technical assistance to the MOH in updating and revising National Guidelines, service standards, and curriculum as needed; and

Illustrative Activities:

- Short and Long-term technical assistance and training provided to a team of colleagues from the National AIDS Programme and NGOs providing CT in order to expand programming, increase coverage, and strengthen the quality of services provided; and
- Provide technical assistance to MOH in order to adapt reporting structure/systems in order to ensure data quality.

5.) PMTCT: Level of Effort: 10%Priorities:

- Provide technical assistance for MOH to promote quality assurance, ensure routine PMTCT data system function in order to track service delivery/prevalence; and
- Provide support for training, equipment, transportation, and critical commodities needed to expand PMTCT services nationally.

Illustrative Activities:

- Short and Long-term technical assistance, training and reporting/evaluation provided to the MOH in order to expand programming, increase coverage, and strengthen the quality of services provided;
- Provide technical assistance to the Ministry of Health in updating and revising National Guidelines, service standards, and curriculum as needed.

6.) Orphans & Vulnerable Children: Level of Effort: 5%Priorities:

- Provide technical assistance and training for NGOs in providing care, support the transition of those reaching adulthood, support families caring for OVC, and link children to Government support services/vouchers.

Illustrative Activities:

- Short-term technical assistance and training provided to NGOs providing support to OVC in order to expand programming, increase coverage, strengthen the quality of services provided in public and NGO sector, and strengthen the capacity of families and communities to provide care;
- Develop a standard package of services across NGO providers;
- Develop linkages to the UNICEF supported OVC work in order to increase their work's impact; and
- Build partnerships with the private sector to provide support for OVC and their families.

VI. PROGRAM MANAGEMENT

Technical Direction and Coordination: The USAID/Guyana CTO is responsible for overall management oversight, and technical direction of the contractor and overall HIV/AIDS Prevention, Care and Treatment program. The CTO will provide technical directions during the performance of this Task Order, both in writing and verbally. The contractor shall meet at least biweekly (via phone call or in person) with the CTO or his/her designee to review the status of activities, and should be prepared to make periodic, unplanned verbal and written briefings to USAID/Guyana, and U.S. Embassy staff as appropriate.

VII. REPORTING REQUIREMENTS

A. Annual work plan

The contractor shall develop annual work plans in concert with other USAID and Ministry of Health partners, keyed to each US fiscal year of the contract. The offeror shall submit an annual work plan for the first 12 months of the task order, which will be reviewed, finalized and approved in consultation with USAID during the first 30 days following the award. Subsequent 12-month work plans through the end of the task order will be prepared and submitted to the USAID/Guyana CTO no later than 30 days after the receipt of fiscal year funds.

The work plan shall include, as a minimum:

1. Proposed accomplishments and expected progress towards achieving task order results and performance targets measures tied to the M&E plan, annual PEPFAR COP and Country Compact;
2. Timeline for implementation of the year's proposed activities, including target completion dates;
3. Information on how activities will be implemented;
4. Personnel requirements to achieve expected outcomes;
5. Major commodities and equipment to be procured;
6. Details of collaboration with other major partners; and
7. Detailed budget.

B. Reporting Strategic Information

USAID/Guyana values the importance of high quality data to inform planning and guide program development, implementation and improvement. Access to reliable program data is essential to program management and facilitates effective program design, monitoring, forecasting and accountability.

The Contractor will be expected to establish and/or maintain data collection systems in order to provide monthly, quarterly, semi-annual and annual reports on the progress of implementation within the technical areas specified. Data for inclusion in USAID/Guyana's semi-annual and annual reports to the Office of the Global HIV/AIDS Coordinator (OGAC) will also be requested from the Contractor.

All reports requested should include data for the indicators defined below. These indicators include national level HIV indicators, the current list of PEPFAR indicators as well as a list of new PEPFAR indicators currently under review by OGAC (PEPFAR Next Generation Indicators) which is subject to change based on the outcomes of the review process. This list of indicators and the accompanying targets are subject to revision where necessary. In light of this, no definitions or targets are provided for some indicators for FY2009 reporting. For those indicators without targets, the Contractor will not be responsible for providing progress updates during FY2009. It is however expected that mechanisms will be put in place for the collection of baseline data to inform target setting in collaboration with USAID/Guyana for FY2010 reporting.

Indicators are routinely revised and developed by OGAC and requested of the USAID/Guyana office for semi-annual and annual reporting. The Contractor will be required to adapt data collection systems accordingly to facilitate these changes. All PEPFAR indicators will be measured according to the most current PEPFAR guidance and policy relevant to those indicators.

The proposed targets for the indicators defined below are tentative and are subject to change; development of targets over the life of the contract will occur on a year to year basis and will reflect the current program priorities, funding levels and plans for implementation, primarily those outlined in the Country Operational Plan (COP).

It is expected that the Contractor will make all necessary provisions to ensure that the quality of data reported is of a high level and should be validated and verified prior to report submission. In support of the "Third One", one monitoring and evaluation system, development of data collection systems should be done within the national framework, parallel data collection systems should be avoided at all costs.

The impact level indicators listed below are intended to measure achievement of the strategic objective and are not the sole responsibility of the Contractor. Interventions implemented by the Contractor, if effective, will contribute to the achievement of these results. The targets outlined below are national level targets for the year 2011 which were developed for indicators listed in the National Monitoring and Evaluation Plan for the Multi-sectoral Response to HIV and AIDS in Guyana, 2007-2011 (national level targets are currently only available to the year 2011).

Strategic Objective: HIV Transmission Reduced, Impact of AIDS Mitigated and Health Systems Strengthened				
Indicator	Origin of Indicator	Indicator definition	Level of disaggregation	2011 Target
Percent of infants born to HIV-infected mothers who are HIV infected	UNGASS	Number of HIV positive infants born to HIV infected mothers expressed as a proportion of all infants born to HIV infected mothers	N/A	10%
Percent of [pregnant] women aged 15-24 that are HIV-infected	Proxy for UNGASS indicator (percent of women 15-24 that are HIV infected)	Number of pregnant women aged 15-24 infected with HIV expressed as a proportion of all pregnant women aged 15-24	Five year age groups and region	<1%
Percentage of adults and children with HIV still alive 12 months after initiation of ARV therapy	UNGASS	The number of HIV+ adults & children receiving ART and still alive 1 months after HIV positive diagnosis expressed as a proportion of all adults and children who test HIV positive in	Gender, age, region and urban/rural	85%

		the last 12 months		
Proportion of all deaths attributable to HIV	MoH	The number of deaths that are attributable to AIDS expressed as a proportion of all deaths annually	Gender, Age, region, Rural/Urban	5.6%

The indicators and targets defined below are the responsibility of the Contractor and efforts to develop or maintain data collection systems and report on achievements should take these indicators into consideration. However, the Contractor will not be responsible for providing progress updates during FY2009, for indicators that have no targets, it is however expected that progress reports will include data for all indicators during FY2010. Efforts should be made during FY2009 to collect baseline data to inform target setting in collaboration with USAID/Guyana for FY2010 reporting. The targets included below are for the year 2009 unless otherwise stated.

Strengthened HIV Public Health Care System: Health system strengthening is an important foundation for ensuring sustainability of services and other interventions. Efforts to achieve this include (1) Strengthening the capacity of host country government institutions to plan, manage and implement HIV programs, and (2) Sustaining an adequately trained health staff. The indicators under this intermediate result seek to measure (1) Human Resource development within the public health care system, (2) Implementation of an HIV Quality Improvement System, (3) Technical assistance to the national PMTCT program, (4) Technical assistance to the national VCT program, (5) Technical assistance for Injection Safety.

Human Resource Development				
Indicator	Origin of Indicator	Indicator definition/Other notes	Level of disaggregation	Target
Percent of health care workers delivering HIV services that are employed by the MoH	USAID/Guyana HIV Program Assessment	The number of health care workers delivering HIV services within the public sector that are employed by the MoH expressed as a proportion of all health care workers providing HIV services within the public sector	N/A	No target set for 2009, baseline data needed
Number of health care workers provided with advanced skills building	USAID/Guyana HIV Program Assessment	Number of senior health care professionals provided with opportunities for advanced skills building such as advanced level in-service training, establishment of affiliations with universities and professional associations and organizations, that result in	Type of healthcare worker	10

		career advancement		
Number of new healthcare professionals and workers trained	PEPFAR Next Generation Indicators	"New "needs to be further defined by PEPFAR. As further guidance becomes available it will be shared. Training relates to any HIV-related service.	N/A	No target set for 2009, baseline data needed
Number of new healthcare professionals retained in the workforce	PEPFAR Next Generation Indicators	Number of new healthcare workers retained in the workforce after a specified period of time (TBD by PEPFAR). "New "also needs to be further defined by PEPFAR. As further guidance becomes available it will be shared.	N/A	No target set for 2009
Percent of health care workers providing care and support to the total number of HIV+ individuals in care	PEPFAR Next Generation Indicators	Number of health care workers providing HIV care expressed as a proportion of the number of HIV+ individuals receiving 1 clinical and 1 other care service	N/A	No target set for 2009, baseline data needed
National human resource policies in use to support Human Resources for Health	PEPFAR Next Generation Indicators	Indicator to be defined by PEPFAR	N/A	No target for 2009
A National HRH implementation plan developed and budgeted	PEPFAR Next Generation Indicators	Indicator to be defined by PEPFAR	N/A	No target set for 2009
A National Human Resources Information System (HRIS) in place	PEPFAR Next Generation Indicators	Indicator to be defined by PEPFAR	N/A	No target for 2009
Implementation of an HIV Quality Improvement System				
Indicator	Origin of Indicator	Indicator definition/Other notes	Level of disaggregation	Target
Percent of clinical sites with standards of HIV care available at the site	USAID/Guyana HIV Program Assessment	Number of sites that offer clinical care for the management of HIV that have standards for this care expressed as a proportion of all sites that provide clinical care for the management of HIV	None	80%
Percent of health care professionals providing an HIV related service that have been trained in that service in the last 12 months	USAID/Guyana HIV Program Assessment	The number of health care professionals that provide an HIV related service that have been trained in that service in the last 12 months expressed as a proportion of all health care workers that provide	None	No 2009 target set. Baseline data required

		HIV related services		
Percent of health care professionals reporting accepting attitudes towards PLWHA	USAID/Guyana HIV Program Assessment	Number of health care professionals reporting accepting attitudes towards PLWHA expressed as a proportion of all health care professionals	None	No 2009 target set. Baseline data required
Technical Assistance to the National PMTCT Program				
Indicator	Origin of Indicator	Indicator definition/Other notes	Level of disaggregation	Target
Number of service outlets that provide the minimum package of PMTCT services according to national or international standards	PEPFAR	<p>International standards define the minimum package of services for PMTCT as:</p> <ol style="list-style-type: none"> 1. Counselling and testing for pregnant women 2. ARV prophylaxis to prevent MTCT 3. Counselling and support for safe infant feeding practices 4. Family planning counseling or referral <p>Please note that the level of support to PMTCT sites can be indirect through systems strengthening and capacity building that occur apart from, and at higher levels, than the actual points of service delivery.</p>	None	45
Number of HIV infected pregnant women who received antiretroviral to reduce risk of MTCT	PEPFAR	The number of women who received any PMTCT ARVs to prevent MTCT at PMTCT service outlets. ARV includes: (1) single dose nevirapine (2) prophylactic regimens using a combination of two ARVs, (3) prophylactic regimens using a combination of three ARVs, or (4) HAART for HIV-positive pregnant women eligible for treatment.	None	85
Number of health care workers trained in the provision of PMTCT services according to national or international standards	PEPFAR	A PMTCT training curriculum must contain at least one of the PMTCT core elements: PMTCT-related counseling and testing, ARV prophylaxis, infant feeding counseling, and family planning.	None	75

Number of pregnant women who received HIV counseling and testing for PMTCT	USAID/Guyana	Number of pregnant women who received HIV counseling and testing for PMTCT.	None	6,000
Number of pregnant women who received HIV counseling & testing for PMTCT & received their test results	PEPFAR	The total number of pregnant women who received both HIV counseling and testing including the provision of test results at PMTCT service outlets.	None	5,400
Percent of HIV positive pregnant women newly enrolled into HIV care	PEPFAR Next Generation Indicators	Percent of HIV positive pregnant women enrolled into HIV care for the first time	None	102
Technical Assistance to the National HIV Counseling and Testing Program				
Number of service outlets providing counseling and testing services according to national or international standards	PEPFAR	Counseling and testing includes activities in which both HIV counseling and testing are provided for those who seek to know their status or as indicated in other contexts (e.g. STI clinics, diagnostic testing, etc.). This indicator excludes service outlets that solely provide counseling and testing in the context of PMTCT.	None	26
Number of individuals trained in counseling and testing according to national or international standards	PEPFAR	Training refers to new training or retraining of individuals. A training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.	Gender	25
Number of individuals who received counseling and testing for HIV and received their test results	PEPFAR	Number of individuals who received counseling and testing for HIV and received their test results	Gender	6,000
Number of individuals who were counseled and tested and found to be HIV positive	PEPFAR	Number of individuals who were counseled and tested for HIV and found to be HIV positive	Gender	No target set
Injection Safety				
Number of health care workers trained in	PEPFAR	Medical injection safety training may address any of the following specific	None	230

Injection Safety		<p>medical injection safety activities: medical injection safety policies; appropriate disposal of injection equipment; waste management systems; and/or other injection safety-related distribution/supply chain/logistics.</p> <p>Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist. A training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.</p>		
Percent of health facilities with Post Exposure Prophylaxis (PEP) available	PEPFAR Next Generation Indicator	Number of health facilities with PEP available expressed as a proportion of all health facilities	None	No 2009 target set, baseline needed
Percent of health facilities with safe final disposal methods of sharps and infectious waste	PEPFAR Next Generation Indicator	Indicator to be further defined	None	No 2009 target set, baseline needed

Improved Civil Sector Response to HIV

Strengthening the health system to respond to HIV includes engaging and enhancing capability of the civil sector to respond to HIV. Efforts to strengthen civil sector capability and creating an enabling environment for affected individuals to access services include (1) Strengthening local partner organizations, particularly in management, leadership and policy development, (2) Strengthening leadership and the policy environment to reduce stigma and discrimination, including gender issues, (3) Strengthening leadership and policy environment to expand access to HIV care and treatment services for children, and (4) Strengthening the GFATM management structure and improving donor coordination.

The indicators listed below are intended to measure the program level outputs of efforts to strengthen the civil society response to HIV. Specifically, they are intended to measure (1) Strengthened Community Based Services (Behavior Change, OVC, Care and Support), (2) Efforts to improve the environment for human rights and HIV policy, (3) Institutional Support to the Global Fund Country Coordinating Mechanism, (4) Strengthened Private Sector Partnerships, and (5) Technical Assistance to the Guyana Business Coalition.

Strengthened Community Based Services				
Indicator	Origin of Indicator	Indicator definition/Other notes	Level of disaggregation	Target
Behavior Change				
Number of facilitators trained in HIV prevention	PEPFAR Next Generation Indicator	Indicator to be further defined by PEPFAR	None	45
Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their HIV behavior change program	USAID/Guyana	<p>This indicator seeks to measure the quality, consistency and sustainability of the technical assistance.</p> <p>Relevant TA addresses issues pertinent to the implementation of a particular service and issue.</p> <p>Targeted TA is focused and directly addresses the issues identified.</p> <p>Consistent TA is ongoing and involves regular follow-up to ensure issue do not resurface.</p>	None	15
Condoms				
Number of targeted condom service outlets	PEPFAR	A targeted condom service outlet refers to fixed distribution points or mobile units with fixed schedules providing condoms for free or for sale.	None	900
OVC				
Number of providers/caregivers trained in caring for orphans and vulnerable children	PEPFAR	Provider/caregiver is anyone who ensures care for OVC, including those who provide, make referrals to, and/or oversee social services. This may include parents, guardians, other caregivers, extended family, neighbors,	None	45

		community leaders, police officers, social workers, national, district, and/or local social welfare ministry staff, as well as health care workers, teachers, or community workers who receive training on how to address the needs of OVC.		
Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their OVC program	USAID/Guyana	<p>This indicator seeks to measure the quality, consistency and sustainability of the technical assistance.</p> <p>-Relevant TA addresses issues pertinent to the implementation of a particular service and issue.</p> <p>-Targeted TA is focused and directly addresses the issues identified.</p> <p>-Consistent TA is ongoing and involves regular follow-up (at least twice) to ensure issues do not resurface.</p>	None	8
Care and Support				
Number of individuals trained to provide HIV-related palliative care	PEPFAR	Training on HIV-related palliative care services should include one or more of the following service areas: A) clinical/medical including TB/HIV, B) psychological, C) spiritual, D) social, and/or E) prevention care services for HIV-infected individuals and family members.	None	25
Number of local organizations provided with relevant, targeted and consistent technical	PEPFAR	This indicator seeks to measure the quality, consistency & sustainability of the	None	13

assistance to strengthen their palliative care program		<p>technical assistance.</p> <p>-Relevant TA addresses issues pertinent to the implementation of a particular service and issue.</p> <p>-Targeted TA is focused and directly addresses the issues identified.</p> <p>-Consistent TA is ongoing and involves regular follow-up (at least twice) to ensure issues do not resurface.</p>		
Improved Environment for Human Rights and HIV Policy				
Number of local organizations provided with technical assistance for HIV-related policy development	PEPFAR	<p>Policy activities aim to:</p> <ul style="list-style-type: none"> • Broaden and strengthen political & popular support for HIV/AIDS policies and programs; • Improve the operational environment for these programs, including better planning and financing; • Ensure that accurate, up-to-date information informs policy decisions; • Build in-country and regional capacity to participate in policy development. 	None	10
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	PEPFAR	<p>Institutional capacity building activities may include:</p> <ul style="list-style-type: none"> • Strategic Planning, • Registration, • Financial Management • Human Resource Management • Networks Development • Commodities, Equipment and Logistics Management • Infrastructure Development: 	None	15
Number of individuals trained in HIV-related policy development	PEPFAR	<p>Training refers to new training or retraining of individuals & assumes training is conducted according to national or international standards. Count all individuals trained, from local organizations or otherwise, during the reporting period.</p> <p>A training must have specific learning objectives, a course outline or curriculum, and</p>	None	10

		expected knowledge, skills and/or competencies to be gained by participants.		
Number of individuals trained in institutional capacity building	PEPFAR	Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist. Count all individuals trained, from local organizations or otherwise, during the reporting period.	None	25
Number of individuals trained in HIV-related community mobilization for prevention, care and treatment	PEPFAR	Community mobilization activities include: <ul style="list-style-type: none"> • Identifying social groups and mapping existing formal structures • Building trust with the community • Developing communication around social networks to engage in dialogue with the community 	None	25
Number of individuals trained in HIV-related stigma and discrimination reduction	PEPFAR	Stigma and discrimination reduction activities may include: <ul style="list-style-type: none"> • Enhancing practical knowledge to reduce fear of casual transmission; • Providing a safe forum to discuss sensitive topics (sex, death, drug use); • Finding a common language to talk about stigma; • Strengthening capacity of PLWHA to challenge stigma in their lives; 	None	20
Number of leaders trained	USAID/Guyana HIV Program Assessment	Number of leaders including community, religious and political leaders trained in HIV related subjects	None	10
Number of capacity building interventions conducted with GF CCM	USAID/Guyana	Interventions to address specific roles of CCM members such as proposal development and review, costing, advocacy, program performance evaluation etc.	None	2
Technical Assistance to the Guyana Business Coalition (GBC)				
Number of new members recruited to the GBC	USAID/Guyana	To be further defined	None	5
Number of capacity building interventions conducted with GBC	USAID/Guyana	To be further defined	None	2

Technical Assistance for Private Sector Partnerships				
Number of new public-private partnerships established	USAID	To be further defined	None	5
Value of cash and in-kind contributions by non-public partners to Public-Private Partnerships	USAID	To be further defined	None	≥U.S.\$50,000
Number of enterprises (Workplaces) that provide employees access to one or more HIV related formal HIV/AIDS	PEPFAR Next Generation Indicator	training programs and/or condoms and/or voluntary HIV counseling and testing (VCT	None	21

VIII. KEY PERSONNEL

The offeror is encouraged to propose a staffing pattern that can best achieve the desired results. Use of Guyanese personnel is encouraged to the greatest extent possible, including the use of Guyanese nationals as technical members of the contract team. USAID proposes a Chief of Party and one Specialist - a prevention specialist with experience implementing successful programs with high risk.

a) Long Term Technical Assistance

The Offeror should provide a full team of specialists appropriate to the tasks requested herein.

Chief of Party (COP)

The COP will have technical and management responsibility for all contractor personnel and be the contractor's representative to USAID, the Line Ministries including Health, UN Family programs, technical agencies and other participating organizations as required. The COP will have general responsibility for addressing contract-related issues, including ensuring that contractor financial controls and systems comply with generally accepted accounting practices that meet USAID standards, and that all activity-procured materials and equipment are safeguarded and prudently and responsibly used. S/he will be responsible for the smooth implementation of the project and for providing general program and technical direction as well as completion of required reports.

This individual must be a senior project management specialist with at least 10 years of experience in the implementation and management of international development projects, specifically, with combined experience in two or more areas such as prevention, civil society strengthening, health system strengthening, care and support. Given the number of organizations and institutional partners with which the program will interact, the COP should possess demonstrated capacity to build and maintain productive working relationships with a wide

network of partners and stakeholders. He/she also should have experience in community development. He/she should have a good knowledge of USAID regulations and procedures pertaining to activity design/implementation and substantial experience as a Chief-of-Party. This individual should have a broad understanding of public health and in particular must be sufficiently knowledgeable in the area of HIV/AIDS. The COP should be knowledgeable about the relevant socioeconomic, institutional and policy issues that are related to this area of work. S/he should have at a minimum a Master's Degree in social sciences, international development, or a related field.

Prevention Specialist

The Prevention Specialist will be responsible for the implementation of capacity building and provision of technical assistance to field activities for prevention with a focus on those programs targeting most at risk population. An understanding of the socio-cultural issues and nuances of working in such communities is highly desirable. S/he will work directly with partner organizations, communities and other resource users to execute the various activities. S/he should have at least a relevant Bachelor's degree and at least 5 years of experience in the provision of successful, targeted HIV/AIDS prevention programming. S/he should have considerable experience and technical expertise working with community-based organizations, NGOs, and host-country governments.

b) Short Term and Other Technical Assistance

It is anticipated that expertise will be required in areas such as care for OVC, home-based care for people living with HIV, health system strengthening, condom marketing, public private partnerships, and prevention. The Offeror should propose the estimated level of effort and number of short-term, part-time and other expatriate and local technical assistance required over the life-of-activity. Offerors are to provide for assessment an illustrative list of expertise deemed appropriate, along with required qualifications for personnel who will provide this expertise.

(End of Section C)

ⁱ 2005 UNAIDS EPI FACT SHEET

ⁱⁱ Guyana UNGASS Report: Reporting period - January 2003, December 2005